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Complete and se		her with applicable	P.0	ail Stop ISSUE FEE ommissioner for Pato D. Box 1450 exandria, Virginia 2			
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=			l he Stat add tran	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
1/17/2007 ENYRLEU2 (0000019 10775427		_D.	aviokc. Bead		(Depositor's name)	
1 70:2001				JAK (1/12/07	· (Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	АТТО	RNEY DOCKET NO.	CONFIRMATION NO.	
10/775,427	02/10/2004		Robert L. Brown		27087/39522	9736	
TITLE OF INVENTION	: TOY WATER GUN S	YSTEM WITH DETACH	HABLE WEAPONS	-	#******		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/14/2007	
EXAMINER ART UNIT		CLASS-SUBCLASS	j '				
CARTAGENA, MELVIN A 3754			222-079000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
HASBRO, INC. Pawtucket, Rhode Island							
Please check the appropriate assignce category or categories (will not be printed on the patent):							
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interest as snown by the	records/of/the United Sta	Perpatent and Trademark	Office.		2/17		
Authorized Signature	W- \(Date				
Typed or printed nam	c <u>David C. R</u>	ead		Registration No.	39,811	 	
an application. Confiden submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 35 dapplication form to the ons for reducing this but irginia 22313-1450. DC 13-1450.	U.S.C. 122 and 37 CFR services of the control of th	on is required to obtain or r 1.14. This collection is est depending upon the indive e Chief Information Office COMPLETED FORMS TO spond to a collection of inf	imated to take 12 minutes ridual case. Any comment representing the comment of THIS ADDRESS. SENI	s to complete, including gas on the amount of time nark Office, U.S. Departs D TO: Commissioner for	gathering, preparing, and you require to complete nent of Commerce, P.O. Patents, P.O. Box 1450,	

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